

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90097 030 ***150.00

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DOCUMENT # F94000000345

1. Corporation Name

MARKBOROUGH DEVELOPMENT INC.

Principal Place of Business

11111 WILCREST GREEN
STE 300
HOUSTON TX 77042
US

Mailing Address

11111 WILCREST GREEN
STE 300
HOUSTON TX 77042
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

86-0366358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5750 HOMEWARD WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 5750 HOMEWARD WAY
Suite, Apt. #, etc.

City & State

23 SUGAR LAND TX
Zip Country

City & State

28 SUGAR LAND, TX
Zip Country

24 77479

25 USA

29 77479

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME JACHINO, ROBERT J
STREET ADDRESS 1 STATION PLACE
CITY-ST-ZIP STAMFORD CT 06902

TITLE VP ☐ DELETE
NAME JORDAN, DAVID W
STREET ADDRESS 11111 WILCREST GREEN #300
CITY-ST-ZIP HOUSTON TX

TITLE VPAS ☐ DELETE
NAME SPRINGS, MICHAEL E
STREET ADDRESS 11111 WILCREST GREEN #300
CITY-ST-ZIP HOUSTON TX

TITLE VPAS ☐ DELETE
NAME SCHROEDER, JAMES W
STREET ADDRESS ONE STATION PLACE
CITY-ST-ZIP STAMFORD CT 06902

TITLE AS ☐ DELETE
NAME ILAW, LESLIE
STREET ADDRESS ONE STATION PLACE
CITY-ST-ZIP STAMFORD CT 06902

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. Springs MICHAEL E. SPRINGS 1/21/99 281-565-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)